

Frequently Asked Questions About the MIChild and Healthy Kids Programs

To be used in conjunction with MIChild Manual.

Questions pertaining to families

1. What if the parents are divorced? Who can apply for MIChild?

If the parents have joint custody, the parent the child lives with the majority of the time should apply. The income of the parent the child is living with when the application is filed will be used to determine eligibility. The other parent's income information is not used to determine MIChild or Healthy Kids eligibility.

If one parent has full custody of a child, that parent should apply. The income of the non-custodial parent will not be considered. Support paid will be budgeted as income.

2. Can an absent parent use MIChild as court ordered medical insurance?

Yes, if the child is not currently insured and meets the eligibility criteria, he or she would be eligible for MIChild or Healthy Kids. The parent or guardian would be asked to pursue the court-ordered insurance.

3. With the “no wrong door” policy in mind, why doesn’t the MIChild application allow families to apply for other programs, such as day care, WIC, cash assistance, or food stamps?

The “no wrong door” policy applies to the Medicaid program only. Requests for applications for other programs should continue to be through FIA or local public health agencies.

4. Will FIA pursue child support for Healthy Kids eligibles?

Yes. FIA will pursue child support, as well as parental support and spousal support.

5. Who pays for the medical transportation for a Healthy Kids case?

FIA will approve the transportation needs until the child is enrolled in a Medicaid-managed care agency.

6. Will the health care plans be able to offer transportation for families in MIChild?

No, only emergency transportation by ambulance is a MIChild-covered service and is the responsibility of the health care plan.

7. Does MIChild cover pre-existing conditions?

Yes, but MIChild does not cover previous medical bills.

8. Does MIChild cover Long Term Care?

No. MIChild covers 120 days per admission for skilled care in a skilled nursing or extended care facility while convalescing from general conditions and pulmonary tuberculosis.

9. Will clients be given a MIChild card?

They will be given whatever identification is supplied by the health plan or dental plan.

10. Specialist care - do we have to change providers?

Enrollees should try to select a health plan in which their specialist is participating. Otherwise, participants will need to choose a specialist from within their health plan network.

11. Is there any prior authorization requirement by the provider?

Prior authorization policies for non-emergency services are decided by each health plan.

12. Are the benefits for MIChild equivalent to those of Healthy Kids?

They are similar, but there are some differences.

13. Will the health care plans have a provider of dental services?

No. Dental coverage is through a separate MIChild participating dental plan.

14. Is the \$600 dental limit per child or per family?

Per child, per year.

15. How is the coordination of dental/medical benefits decided?

They are separate insurance plans and separate cards.

16. Are there co-payments for prescriptions?

No.

17. Are the participants required to have a written referral from primary-care physicians for vision, hearing and/or elective surgery?

The individual health plans make their own referral policies.

18. Is HAP (Health Alliance Plan) a health plan participating in the program?

No.

19. What if I quit my job?

Your child would likely become eligible for Healthy Kids, or MIChild, depending on other income.

20. Are computer printouts that verify a person's SSN acceptable as proof of their SSN, or do they need to wait until the card arrives?

Applicants must list their SSN on the application. A copy of the card is only needed if the number is questionable.

21. What if the child does not have a Social Security Number?

The applicant should be given an SS-5, Social Security Number Application, or be directed to the local Social Security Administration for assistance.

22. Will the program cover children detained in youth home facilities?

If a child is living in a youth home facility, they may be eligible for MIChild or for Healthy Kids. Children placed in JW Maxey, Shawano Center, or Adrian Training Facility are not eligible.

23. What are some of the caps on regular medical care (well visits, sick visits, etc.)?

Medical care is comprehensive and modeled after the state employee health plan. There are no caps per se. There is however, a cap on the dental benefit of \$600 per child per year.

24. I had heard that if a working parent/guardian refused to participate in an employer's insurance plan -- for whatever reason -- they would NOT BE ELIGIBLE for MIChild. Is this true?

No.

25. How long is the residency requirement?

The requirement is that you are currently living in and intend to live in Michigan or that the applicant is a child of a migrant worker family.

26. If a person is found to be eligible but not actually enrolled until the first of the next month, how can that person receive services in the interim? What if that child has an emergency? Who will pay?

The MIChild benefits do not begin until the child is enrolled -- the first of the next month. There are no provisions for covering medical/dental bills incurred prior to effective date of enrollment.

27. Does the web page have a Spanish version available yet?

Not yet.

28. How do persons request a Spanish-speaking operator?

If they say Spanish or just begin speaking Spanish, they should be connected with a Spanish-speaking operator.

Questions pertaining to other insurance

1. Can MICHild be a secondary insurance?

Generally no. If a MICHild enrollee should acquire a second health insurance, they will not be disenrolled from MICHild. In this case, the child would have two insurances, with MICHild as the secondary insurance, until the annual redetermination of MICHild eligibility is done.

2. Will other insurance coverage be verified?

Yes, there will be periodic cross-data checks with insurance plans.

3. Is health coverage through the Indian Health Center considered comprehensive health insurance?

No.

4. Is CHAMPUS (now TRICARE) considered a comprehensive health plan if there is no military base in the state? If the family is having difficulty receiving reimbursement from TRICARE, can they apply for MICHild instead?

TRICARE is considered a comprehensive insurance. Therefore, the child would not be eligible for MICHild even if the family is not getting reimbursed by TRICARE. The family should contact TRICARE for payment.

5. Can people drop expensive coverage to enroll?

Families who voluntarily drop **employer-based** comprehensive insurance must wait six months. If families drop **private** insurance, they may immediately enroll in MICHild.

6. When does the 6-month penalty begin if employer-based insurance is dropped?

The six-month penalty begins with the date the insurance was stopped.

7. If someone elects not to buy employer coverage, can they enroll?

Yes, families may immediately apply for MICHild coverage. If they have dropped employer-based coverage, they must wait six months.

8. Will a family that was MICHild eligible and paid \$60 for one year of premiums be sent a prorated refund if the family obtained insurance through a new employer?

Yes, if the family wants to drop MICHild coverage. The family would need to notify Maximus and request a disenrollment from the MICHild Program. The family would only be refunded for months NOT enrolled in MICHild. They may stay in MICHild for the remainder of the eligibility period.

Questions pertaining to pregnant applicants

- 1. How many days do pregnant women have to choose a health plan?**
Pregnant women who are eligible for Healthy Kids Medicaid coverage have 10 days to choose a health plan. If MIChild eligible, the plan is chosen during the application process.
- 2. What status is MOMS for teens?**
The status of MOMS for teens has not changed.
- 3. Does MOMS still cover pregnancy-related medical care for non-citizens and minors?**
Yes.
- 4. Will a child who is eligible for MIChild who becomes pregnant and turns 19 before the baby is born remain eligible for MIChild?**
It is likely that they would be shifted to Healthy Kids if they meet the income limits for that program. However, if this does not happen, they may be covered by MOMS.
- 5. Is a pregnant woman counted as two people in the MIChild program?**
Yes. MIChild and Healthy Kids group sizes are determined the same way.
- 6. Is there a \$5.00 monthly fee for pregnant women?**
Not if the pregnant woman becomes Healthy Kids eligible, as will usually be the case. However, a 17- or 18-year-old pregnant woman could become MIChild eligible if between 185% and 200 % of the poverty, level and in that case, would be required to pay the \$5.00 premium.
- 7. Is there a three-month retroactive coverage for a pregnant woman?**
MIChild is not retroactive. Healthy Kids can be. Most pregnant women will be eligible for Healthy Kids rather than MIChild.
- 8. State of Michigan benefits were considered in developing MIChild benefits. Voluntary terminations of pregnancy are State of Michigan benefits. Will MIChild cover voluntary terminations?**
No.

Questions pertaining to income

1. What is a fiscal group?

The (income) group composition for MIChild is the same as for Healthy Kids. The fiscal group for a child includes the child being considered for eligibility as well as the parent(s) living with the child.

2. If a family operates an adult foster care home, is the income received by the foster care clients included on the application?

No. However, the family must include the money they receive for managing the foster care home as income.

3. If the absent parent does not pay consistent child support, is this considered income?

If the custodial parent received child support during the month the application was filed, it is considered income. Arrearage payments for child support are not considered income and should not be included on the application. An average amount of child support paid per month is determined from current payments.

4. Is a child who receives an adoption support subsidy considered part of the group composition?

Yes. Their adoption support subsidy is disregarded.

5. How do we determine if the income of a Native American is to be considered?

The tribe gives the family an annual letter indicating the amount and the Public Act under which it is provided. The eligibility policy will indicate if the Public Act is considered income.

6. Are payments from a trust to a child considered income?

Yes. These payments are considered unearned income.

7. Is it true that the new MIChild application allows families to self-declare their income and that pay stubs or income tax forms are not required at application, unless the information provided is unclear?

Yes. Eligibility is based on the statements regarding income which the applicants provide where requested on the application. However, a portion of the applications will be audited for accuracy. The families chosen for audit will be asked to provide written documentation regarding their income, such as pay stubs, tax records, or a letter from their employer.

8. What should be used as verification of income for self-employed persons who have asked for extensions on their taxes?

Income for this program is now self-declared on the application. Each persons' income should be listed as requested on the application.

- 9. What is the proper disregard to use for Medicaid applicants who have received FIP in one of the last four months?**

The \$30 and 1/3 of income disregard should be used for Healthy Kids budgets.

- 10. If a family has received FIP in the last four months, and the \$30 and 1/3 disregard is used, does it apply to each person receiving earned income or do you apply it only once regardless of the number of people in the fiscal group with earned income?**

The disregard is applied for each child's budget, regardless of the number of people in the fiscal group with earned income.

- 11. Can a child living in a home not his/her own (e.g. he/she ran away from home and is living with a friend), be eligible for MICHild or Healthy Kids?**

An application may be submitted for the child. FIA and Maximus will review the application using only the child's income. Since the child is not living with the parents, their income will not be used to determine financial eligibility. Depending on the age of the child, parental support may be pursued by FIA.

- 12. Is a legal guardian's income counted when determining MICHild eligibility?**

No.

- 13. If a grandparent in the home is receiving Social Security income, is his/her income counted?**

No. The grandparents are not financially responsible for their grandchildren,

- 14. Will a child remain covered when family income rises above eligibility allowance for that family?**

Yes. Once eligible, children are enrolled for one year. At the end of the year, they will be asked to reapply. If they do not qualify, they will not be enrolled for the next year.

- 15. Will a child's own income count toward the eligibility? For example, a 16-year-old student who works part time after school?**

A student's earned income is not used in determining eligibility; but the responsible parent's income is used to determine eligibility. It is a complex issue. For example, child support is considered the child's income and is used in determining eligibility, as is any RSDI received by a child would be budgeted as income for the child.

- 16. Does Family Support Subsidy count as income? And if a family takes advantage of a flex-spending plan for childcare, how does that affect eligibility?**

No, the Family Support Subsidy would not be considered income and part of a child-care payment may be considered a deduction from income, when eligibility is determined.

- 17. Regarding the monthly income requirements: are the figures based on gross or net? Is child support a family pays out figured into the equation? Is there a formula if people are denied? Is there an appeals process?**

The adjusted gross income must be at or above 150% and below 200% of the federal poverty level. For children under 1 year of age, the adjusted gross income must be above 185% and at or below 200% of the federal poverty level. Paid child support is considered a deduction. Included with the notification of eligibility is the family's right to appeal and the Request for Department Review form.

- 18. If a parent is working, are transportation and childcare taken into consideration?**

Childcare costs are taken into consideration when determining eligibility.

- 19. What if parents meet income levels, have insurance available from employment, but parents cannot afford the high premiums?**

If a family meets the income levels and does not currently have employer-based insurance coverage, they may qualify for MIChild. Availability is irrelevant. NOTE: Children who are eligible for health insurance based on a family member's active permanent employment by a state, county, or city government agency in Michigan, are not eligible for MIChild. School employees are not considered government employees.

Questions pertaining to non-citizens

1. What sources may be used to determine MIChild eligibility for aliens?

At this time, the only documentation that FIA and Maximus will accept is a copy of both sides of the I-94 or the I-551.

2. If a child's parent is an illegal alien or does not have a green card, will the child qualify for MIChild? What will happen to the parent?

If the child is a citizen, they may qualify. The parent's legal status is not considered in determining the child's legal status. Information on MIChild applications regarding parent's status is not passed on to other agencies.

3. Will non-citizens be evaluated for Medicaid ESO (Emergency Services Only) and will pregnant non-citizens be referred to the Maternity Outpatient Medical Services (MOMS) program?

Yes, non-citizens are evaluated for Medicaid ESO. Maternity Outpatient Medical Services (MOMS) eligibility is determined by local health departments. To the extent that local health departments work closely with MIChild and Healthy Kids applicants, non-citizens who are pregnant and who are approved for Healthy Kids will likely be referred for MOMS.

4. Are all of the Migrant Health Clinics approved as MIChild health providers?

Only if the clinics are in an approved plan's network.

5. Are children who are eligible for emergency Medicaid only, because of citizenship status, eligible for MIChild?

No.

Questions pertaining to eligibility

1. Why don't public health agencies determine initial eligibility?

Public health agencies do not have the ability to enroll a child in health or dental plans. Also, public health agencies cannot ensure that coverage will begin on the date the application is approved. Only the health plans can ensure this.

2. If a child is independent, or married and is 19 years or less and between 185% and 200% of poverty, is he or she then eligible for MIChild:

Yes, if under age 19. Eligibility ends the month the child turns 19.

3. How is MIChild eligibility determined when the child has been previously eligible for Healthy Kids? (185% poverty level and below)?

When a child turns one and is at 185% poverty level, eligibility must now be determined for *MIChild*. FIA, Healthy Kids program will mail a new application to the family prior to the child's first birthday. Income information provided with that application would determine if they were eligible for MIChild or if they remain in the Healthy Kids Program.

4. The public health agency was told that they must meet a quota to keep their grant funding for MIChild. What if 80% of the applicants are only eligible for Healthy Kids?

There is no quota that a public health agency must meet to retain grant funding for MIChild. Reimbursement for assistance in completing applications is included in the outreach grant received by the public health agency.

5. If a family is MIChild eligible, what is the beginning date?

If a family completes the FIA-1171 and is not eligible for Healthy Kids, the application is referred to MIChild.. MIChild eligibility begins on the first of the month following acceptance into the MIChild program. MIChild eligibility is not retroactive and will not cover the time since the family submitted the FIA-1171.

6. If a child is enrolled today, when does MIChild coverage begin?

Coverage begins on the first of the month, following acceptance into the MIChild program. If approval occurs in the last five working days of the month, coverage begins on the first of the following month. For example, a May 27 approval would result in a July 1 enrollment date.

7. What is the effective date for Healthy Kids?

Usually, the effective date will be the date FIA receives the signed application. The family may request retroactive coverage for Healthy Kids for the past three months if there are unpaid medical bills. Services will be reimbursed on a fee-for-service basis until the family has chosen or has been assigned to a health plan.

8. Why should health plans determine initial eligibility? Why not send applications directly to MIChild?

The child may begin to receive services quicker when eligibility is determined by the health plan. For initial eligibility, the begin date of coverage is the date the health plan receives the application and necessary verifications and makes the actual eligibility determination. If MIChild makes the determination, the begin date of service is usually the first of the month following the month of approval. In addition, initial determinations may be a marketing benefit to give a health plan a competitive advantage over other plans. There are no health plans currently determining initial eligibility.

9. Will Maximus send notification of the eligibility determination back to the public health agency?

If the public health agency included a form with the application for this purpose, it will be returned as notification. Otherwise, no.

10. Who is included in the economic unit? Household? Significant others?

This is complex eligibility issue. It is best to send in the application with accurate information listing everyone who lives in the home. Eligibility will be reviewed and determined, and the family will be notified in writing.

11. How would you cover a six month-old-infant whose parents are over the 185% range, but within the 200% poverty range?

The infant would likely be eligible for MIChild.

12. What about the disappointment of enrollees expecting MIChild whom get Medicaid (especially dental access)?

It is a federal requirement that children eligible for Medicaid must be enrolled in Medicaid. MIChild is only available to families with children *ineligible* for Medicaid. There are no exceptions. If people understand this when they apply, it may lessen any potential disappointment. Also, Healthy Kids Dental, Medicaid dental program, has been initiated in several counties in an attempt to improve Medicaid dental services.

13. Who determines eligibility and how long does it take?

Maximus will review completed applications within 10 days from the date a complete application is received, and make a recommendation of eligibility to Michigan Department of Community Health.

14. If a person is from another country and has been in this country less than a year, will they be eligible for insurance?

No, probably not during their first five years in the U.S., unless they are the dependent child of a qualified military alien or Native American who was residing in Canada.

15. Does this apply to single parents?

Yes.

16. Is every insurance a disqualifier for MIChild eligibility?

No, health insurance is not always comprehensive and may not disqualify individuals from eligibility for MIChild.

Questions pertaining to enrollment

1. When did we start enrolling?

Statewide - September 1, 1998.

2. Is their automatic enrollment in Medicaid if child is not eligible for MIChild?

Yes, if the child is Medicaid eligible, he/she will be enrolled in the Healthy Kids program (a Medicaid benefit).

3. Can an applicant select a new health plan each month?

No, after 30 days they are "locked" into their chosen plan for the remainder of their year's eligibility.

4. How will children be assigned to different plans?

The family will select a participating plan from those available in their county. The department does not assign a plan to a family. All the children in a family should be in the same plan, unless the children are covered by different programs, such as Medicaid or Children's Special Health Care Services.

5. If a family is dis-enrolled after services have been rendered to a member, will those services be honored?

Yes, if they were enrolled when services were rendered.

6. Under what program would children born to MIChild enrollees be covered?

It is likely that they would qualify for Healthy Kids.

7. Are there certain times when people can apply for MIChild?

Applications from families who have never had MIChild coverage, or were disenrolled for any reason other than nonpayment of premium, may be made anytime. If a family has been disenrolled for nonpayment of premiums, a six-month penalty period must be served.

8. Are there certain times when people can apply for Healthy Kids?

Healthy Kids applications may be filed anytime.

9. How will we monitor changes in family status?

We won't be monitoring changes in family status. Once someone is enrolled, they are enrolled in MIChild for a year unless they notify us that they no longer are eligible. After one year, the family must reapply.

Questions about marketing and recruiting

1. What are the concerns about recruiting enrollees?

At this time, health plans are prohibited from directly marketing their plan to potential enrollees.

2. Are brochures available regarding the benefits offered through the various plans?

No. All plans offer the same benefit package.

3. What is the number for the mailhouse?

For brochures and posters, contact: Maximus 1-888-988-6300.

For agencies requesting materials, fax Materials Request form to Presort Services (517) 394-5976, or mail to Presort Services, P.O. Box 24096 Lansing, MI 48909-4096.

4. What materials are or will be in Spanish or Arabic?

There are currently MIChild brochures and applications available in Spanish, Arabic, and English. Spanish speaking operators are available at the call center to answer questions or help with the completion of applications. Anyone calling MIChild for information who does not speak English should begin speaking in their language of choice. They will be connected to a translator within minutes.

5. How do we target small businesses?

Small businesses may be approached with MIChild information through local community organizations, chambers of commerce, small business organizations, etc.

6. What are the promotional programs for MIChild?

Several times a year, television and radio stations promote MIChild.

Question pertaining to provider/health plan recruitment

1. How are the providers recruited?

Plans who contract with the state to provide MIChild coverage recruit providers.

2. What if we don't get local providers?

There already are local providers statewide. Health plans are responsible for developing provider networks. The local community can assist by encouraging local providers to participate with plans serving their jurisdiction.

Questions pertaining to application processing

1. Why is there a question about the Family Independence Program (FIP) in the MICHild Application?

The application is also used to determine Medicaid eligibility. Persons who recently received FIP may qualify for further income deductions.

2. Why is there a question on the MICHild application about whether the children's father is living at home?

In order to help determine whether the father's income should be considered when deciding if the child is eligible for MICHild or Healthy Kids. If the child is eligible for Healthy Kids, a referral to the child support staff may be made.

3. What happens if an application is mailed to the health insurance company directly?

The health plan will forward the application to Maximus.

4. Do the families have to complete the whole application each year, or is renewal simplified?

Maximus will send out renewal applications before the end of the year. The renewal application asks for verification of information listed on the original application and asks for self-declaration of income for the family. The renewal form is signed, dated, and returned to MICHild for review.

5. If FIA receives an application for Healthy Kids (DCH-0373) and determines that an individual is not eligible for Healthy Kids, will FIA be able to forward the application and all verification to MICHild, or will the applicant have to resubmit?

FIA will forward applications and related materials to Maximus.

6. What is the biggest problem with incomplete applications?

There are several reasons an application is considered incomplete. These include lack of signature on the application and no indication of health and dental plans.

7. When an application is sent in with incomplete information, how does Maximus or MDCH contact the client and how long do they have to return the documents?

They are contacted by both mail and telephone. They have 30 days to provide the information or clarification. After that, their application is denied.

8. What is Maximus' role in screening applicants?

Maximus will conduct preliminary eligibility screening and will make recommendations to MSA for final determination.

9. If a job is terminated or someone quits, must they still wait six months to apply?

No.

- 10. If health insurance is no longer carried due to a job change is there still a six-month waiting period or is the family expected to exercise COBRA law?**

No.

- 11. Is there a gender bias on form?**

No.

- 12. Will the list of health plans be made available with the application?**

The application lists a toll-free number for the family to call to see which health plans are currently available in their county.

- 13. Will this application be used for those who are eligible for Emergency Services Only Medicaid?**

Yes.

- 14. What is the time involved in applying for MIChild?**

The application is brief-- three to four pages. It is intended to be completed in about 15 to 20 minutes. Applications containing all necessary information will be processed in about two weeks. If follow-up is needed there may be a short delay.

- 15. If the program is for children, why does the application request citizenship or legal status of the parents?**

The application may also be used for pregnant women to apply for Healthy Kids. The pregnant woman would complete the parent's part of the application. In that case the parent's (pregnant woman's) citizenship status is relevant.

- 16. What will happen to those families that aren't able to fill out the application and mail in information as required?**

Families may call the call center (1-888-988-6300) and receive help filling out the application. They may also go to their local health department, FIA Office, CMHSP, or to a participating Health Plan and receive help in completing the application.

- 17. Is the choice of Health Plan relevant for MIChild only?**

Yes.

Questions pertaining to billing/payments/reimbursement

1. Can the Guarantee of Payment Letter be used by the local health agencies to assure providers of payment for their services?

If the pregnant woman is determined ineligible for MICHild or Healthy Kids, then the Maternity Outpatient Medical Services (MOMS) program may provide reimbursement for services rendered. Application for this program should be made at the local health department.

2. If a beneficiary is on an electronic tether, who is responsible for reimbursement of covered services?

Since the beneficiary is not incarcerated in an institution, the judicial system is not responsible for covered services. Therefore, the MICHild provider is responsible for reimbursement.

3. Is reimbursement equivalent to Medicaid?

Reimbursement from Medicaid and MICHild to health plans is made on a capitated basis each month. The capitated rates of the two programs differ depending upon region, age, and gender.

4. How are premiums paid and what happens if they lapse?

Maximus will handle the collection of premiums. Several arrangements are possible (e.g., pay monthly, pay for the whole year, semiannually) and there is a one-month grace period before people are disenrolled. If premium payments lapse after the grace period, applicants must serve a six-month penalty period before MICHild can again be approved.

5. If a customer fails to pay the premium by the 20th of the month, what happens to the medical bills incurred from the 1st through the 20th of the month? Are these bills subject to be paid by MICHild, or is the customer liable?

If the premium is not paid by the 20th of the month, the customer is sent a reminder. They then have a 30-day grace period. If the premium is not paid by the 20th of the next month, then eligibility is terminated on the 1st of the following month. All bills that are incurred prior to the termination of eligibility are paid by MICHild.

6. Will the premiums be accepted if paid by money order?

Yes.

7. Is provider reimbursement at Medicaid or Blue Cross fee levels?

Providers are paid based on their contract with the health plan in which the eligible child is enrolled.

8. Is there a specific contact at Blue Cross/Blue Shield and Delta Dental?

Blue Cross/Blue Shield Provider number for area codes: 248, 313, 517, 734, and 810

800-482-5141
616-800 -531-2583
906-800 -517-4441
Delta Dental number is: 800-462-728

9. Have there been problems with people paying by check and the check bouncing month after month? How is this being handled?

Up to now, there have been no problems with checks. If a check were to bounce, Maximus would notify the family and they would have the standard grace period to make the payment.

Questions pertaining to mental health

- 1. What is the plan for Community Mental Health to be able to provide this service?**

Community Mental Health Service Programs (CMHSPs) will be providing the mental health benefit (and substance abuse benefit will be provided by Coordinating Agencies [CAs]). The mental health benefits are comprehensive carve outs. There are no mental health benefits included in the health plans. The mental health PEPM (Per Enrolled Per Month) will be paid to the CMHSP for each child enrolled, living in that service area.

- 2. Will CMHSP be required to authorize mental health related inpatient treatment?**

Yes.

- 3. What about QHPs that have mental health services within their system? Does the child still get mental health services through community mental health?**

Yes. MICHild and Healthy Kids enrollees receive mental health services through community mental health (CMHSPs). The MICHild and Healthy Kids programs contract separately with CMHSPs, although Medicaid (Healthy Kids) qualified health plans (QHPs) are contracted to provide up to 20 outpatient mental health visits.

- 4. How much is the capitation amount for substance abuse and mental health coverage?**

The total PEPM (Per Enrolled Per Month) for mental health and substance abuse is approximately \$3.69. The mental health portion is approximately \$3.36 and the substance abuse portion is approximately \$0.33. This is paid based on the number of enrolled children residing in its service area. The CMHSPs and CAs MICHild costs will be monitored and each of the PEPM rates may be adjusted to reflect a closer approximation to actual costs.

- 5. Can people use mental health benefits under MICHild anywhere outside Community Mental Health, like private non-profit clinics?**

No, mental health benefits are obtained through CMHSPs.

Miscellaneous questions

- 1. For Blue Cross/Blue Shield which plan is covered?**
P.P.O. (Preferred Provider) only.
- 2. Is Selectcare the HMO or PPO?**
HMO.
- 3. If the size of the population does not meet HEDIS reporting requirements, what other quality reporting is required?**
Plans will report their commercial HEDIS data, but it will not be MICHild-specific.
- 4. Is MICHild a time-limited program i.e., a life of one, two, three years, etc.?**
No. The program will continue as long as funding is available.